

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☒ This is an **amended*** Statement of Organization

* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amended statements should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM

DR-1

(Rev. 06/97)

STATEMENT

OF

ORGANIZATION

For Office Use Only

Comm. #

Indexed

Audited

Computer

COMMITTEE NAME (Required by law)

Audubon County Republican Central Comm.

IMPORTANT: Indicate type of committee you are reporting for:

7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name

Kevin J Hinnars

Mailing Address

EXTRA JA. 50076

City, State Zip Code

Home Phone (712) 764-6536

Day Phone (712) 249-4268

Name

Ronald Allen Siedelmann

Mailing Address

207 Tracy St. Apt 4

City, State Zip Code

Audubon Ia. 50025

Home Phone (712) 250-0861

Day Phone () Same

INDICATE PURPOSE OF COMMITTEE - Check One Box

☒

To support or oppose candidate(s)

☐

To support or oppose ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought:

District:

Political Party (if applicable)

Year Standing for Election:

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County:

Date of Election:

Bank Account Name

Audubon County Republican Central Comm.

Candidate Name & Address or Parent Entity (PACs, if applicable),

↓ ↓

Affiliate, or Sponsor

Name of Financial Institution/Type of Account

Audubon State Bank checking

Mailing Address

Mailing Address

315 Broadway St. PO Box 149

City

State

Zip

City

State

Zip

Home Phone ()

Audubon Ia. 50025-0149

Day Phone ()

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate or Chairperson (if a PAC)

Date Signed

Date Signed